



Athletic Division

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Adult Sports Application

Please provide us with the following information:

League _____

Tournament _____

Sport: Baseball Basketball Football Soccer Softball Volleyball

Division: Men Women Co-Rec Youth Level or Age: _____

Team Name: _____ Uniform Color: _____
20 characters, only Basketball, Football, Soccer

Manager: _____

Alternate Manager: _____

Address: _____

Address: _____

City/State/Zip: _____

City/State/Zip: _____

Phone: (H) _____ (W) _____

Phone: (H) _____ (W) _____

E-Mail Address: _____

E-Mail Address: _____

Are you a returning team? _____
Team Name League Info: Level of Play Day Site

Are you a new team? Team Strength: Strong _____ Good _____ Average _____ Below Average _____

How many players played at varsity high school level or above? _____ How many play primarily for recreation? _____

How many times per week do most of your players play? _____

Is your team affiliated with USSSA, USFTL, etc.? If so, with who and at what level? _____

Remarks: _____

1st Choice

2nd Choice

3rd Choice

Day _____

Day _____

Day _____

Location _____

Location _____

Location _____

For Office Use Only

Method of Payment: Check/M.O. # _____ Cash Mastercard/Visa Approval # _____

If company check, name of company _____ Address _____

League Fee

Forfeit Fee

Tournament Fee

Deposit To: 323 x 197 x _____ x _____ x _____
(fund) (agency) (organization) (expense) (reporting category)

Note: Any refunds will be payable to the maker of the check.